



ACE Program Registration

STUDENT INFORMATION

| | | | |
|--------------------|--|--------------|--|
| First Name | | | |
| Last Name | | | |
| School Name | | | |
| School Address | | Grade | |
| Date of Birth | | Gender | |
| Physical Address | | | |
| Mailing Address | | | |
| Tribal Affiliation | | Enrollment # | |
| Cell Phone | | | |
| Email | | | |

PARENT/GUARDIAN INFORMATION

| | | | |
|------------------|--|--------|--|
| First Name | | | |
| Last Name | | | |
| Relationship | | Gender | |
| Physical Address | | | |
| Mailing Address | | | |
| Cell Phone | | | |
| Email | | | |



ACE Program Registration

SAFETY REGULATIONS AGREEMENT

| | | | |
|-----------------------|--|--------------|--|
| Student First Name | | | |
| Student Last Name | | | |
| Student Date of Birth | | Student Cell | |
| Student Email | | | |

Do you agree to wear a mask and social distance while participating in public activities when these restrictions are in place?

No Yes

Do you agree to remain in compliance with the Gila River Indian Community Comprehensive Executive Order Regarding Coronavirus Pandemic?

No Yes

I declare that the information I provided is accurate and complete.

Student Signature: _____

Date: _____

Parent Name Print: _____

Date: _____

Parent Signature: _____

Cell: _____

Email: _____



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PARENT/GUARDIAN FEEDBACK FORM

| | |
|--|--|
| Parent/Guardian First Name | |
| Parent/Guardian Last Name | |
| Email | |
| List your child/children interests, career, and/or college goals. | |
| List service providers in your area that help your child/children achieve their goals. | |

- I have interest in the Advisory Board.
- I would like to be added to the email listing for future opportunities for my child/children with the ACE Program.

Parent Signature: _____

Date: _____